



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual

Section: APPENDIX

Subject: Intake Form Instructions (SLTC 136)

➤ **References: ARM: 37.40.1408**

PURPOSE

The Case Management Team (CMT) completes this form for each member upon admission to Home and Community Based Services (HCBS), or when a member changes care category.

DISTRIBUTION

The original is faxed to Mountain Pacific Quality Health (MPQH) and retained by the CMT for the member file. The fax number is 800-413-3890.

INSTRUCTIONS

Member Information: Enter the last name, first name and Medicaid ID number.

Case Management Team No: Enter the CMT's seven digit provider number.

Admit Date: Enter date the member was first admitted to HCBS. This must be the same date as the effective date on the DPHHS-DD/SLTC 55 form. If the eligibility staff designates a different date due to Medicaid eligibility, use the eligibility date as the admit date. If the Intake form has already been sent to MPQH, change the admit date on the Intake form and fax correction.

Readmit Date: Enter date readmitted to HCBS. This must be the same date as the effective date on the DPHHS-DD/SLTC 55 form. For changes in care category, the re-admit date is the date the member changed category.

Pay Status: Enter "X" after appropriate category.

Care Category: Enter "X" next to level of care. A member will always be a CC1/CC2 or CC3. Also check CC4 if the member is enrolled under the Big Sky Bonanza (BSB) Independence Plus waiver.

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1. Hospital (CC3) slots are for members entering the Bridges or Headways programs, members who are heavy care, members in supported living, group homes or specialized adult residential services.
2. Nursing Facility (CC1 and CC2) slots are for members enrolled in a basic slot.
3. Independence Plus (CC4) slots are for members enrolled under the Big Sky Bonanza (BSB) Independence Plus waiver.

Services Authorized: Check all services that the member will be receiving.

Signature: The person completing the Intake form should sign and date the form.